

Crisis Intervention and the Use of Restraint

Rhode Island Department of Children, Youth and Families
Division of Juvenile Correctional Services: Training School and Detention Center

Policy: 1200.0832

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The Department, in compliance with Rhode Island General Law 42-72.9-9, has established a continuum of interventions, defined the circumstances under which Training School residents may be restrained and developed procedures for restraining residents of the Rhode Island Training School (Training School, Juvenile Detention Center and Young Women's Program). The goal of this policy is to identify the circumstances under which physical and mechanical restraint may be applied to ensure the safety of residents, staff and the public.

Restraint of Training School residents shall be limited to the following situations:

- **Resident is demonstrating by his/her actions that he/she is a danger to self or others, attempting to escape or destroy property, and**
- **No other intervention has been or is likely to be effective in averting the danger.**

The resident shall be released from restraint at the earliest possible time that the resident can commit to safety and no longer poses a threat to harm himself/herself or others.

Training School administrative and supervisory staff take an active role in creating an environment that minimizes circumstances that give rise to restraint use and maximizes safety when restraint is used. This leadership includes ensuring staff understand that the use of restraint poses an inherent risk to the physical safety and psychological well-being of the individual and staff. Additionally, it includes ensuring that staff understand that the use of restraint has the potential to produce serious consequences, such as physical and psychological harm, loss of dignity, violation of an individual's rights and even death. Ensuring the appropriate use of restraint is a paramount responsibility of all Training School administrators and supervisors.

The Department will provide Training School staff with initial and ongoing training and will integrate the use of restraint into performance improvement activities as methods to focus on the creation of a positive environment and the reduction of the use of restraint. This policy does not apply to transportation or hospital supervision.

The following definitions are applicable to this Policy and Procedure:

- **De-escalation:** Strategies used to defuse a volatile situation, to assist a resident to regain behavioral control and to avoid physical intervention.
- **Monitoring:** Observation of the physical, verbal and behavioral responses of a resident for signs of distress while being restrained.
- **Physical escort:** Touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing an acting out resident to walk to a safe location. A physical escort is not a physical restraint.

- **Restraint:**
 - * **Physical restraint:** A non-mechanical behavior management technique involving the use of physical holding as a means of restricting a resident's freedom of movement. Physical restraints include residents being held in a standing, seated or horizontal position.
 - * **Mechanical restraint:** Any physical or mechanical technique that includes the use of handcuffs and leg irons to temporarily control behavior.
- **Physical take down:** The act of bringing a resident who is being restrained to a sitting or horizontal position.
- **Processing:** Verbal interactions, between staff and a resident who has been restrained, designed to assist the resident in reviewing the behavioral incident and restraint with the goal of minimizing the need for future restraint.
- **Release:** Ending the restraint hold on a resident.
- **Restraint follow-up:** Review by program management of each resident with involved staff as part of a feedback and quality assurance process.

Related Procedure...

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Procedure From Policy 1200.0832: Crisis Intervention and the Use of Restraint

A. Self Protection

1. Staff shall only use self-protection techniques which they are instructed to use in Departmental training relative to behavior management, crisis intervention and use of restraint. These techniques may include, but are not limited to, the following:
 - a. Releases from rear assaults, chokes and bear hugs
 - b. Avoidance of frontal assaults and assaults with weapons
2. The purpose of self-protection is to put physical distance between the staff and the resident and to minimize injury to residents and staff. Staff may then make a subsequent and separate decision regarding the necessity to restrain a resident. This decision shall be made in accordance with the guidelines of this policy.

B. Use of Physical Escorts

1. Staff shall use techniques which they are instructed to use in Departmental training relative to behavior management, crisis intervention and use of restraint. Staff may use physical escorts when staff reasonably believe it necessary to move a non-compliant resident to a different location for the safety of the resident and the unit. A safer location could be the resident's room or any other location away from the general population.
2. Once the resident is calm and cooperative, he/she shall be returned to the general population unless, in accordance with the Disciplinary Procedure, the Administrator on Call specifically authorizes otherwise.

C. When a Resident May be Restrained

1. A resident may be restrained only when his/her actions demonstrate that he/she is a danger to self or others, the resident attempts to escape or destroy property and no other intervention is likely to be effective in averting the danger.
2. Staff shall attempt verbal counseling, level system sanctions and direct warnings before resorting to restraints. The exception to this rule is if a resident attacks another person suddenly or without warning or presents an imminent danger to self or others or attempts to escape.
3. When circumstances allow, staff shall notify the Shift Coordinator's Office of a situation that may require a resident to be restrained so a proper response can be developed and supported.
4. When circumstances allow, staff shall seek to remove other residents, potential weapons and other hazards from the area where a resident seems likely to be restrained.
5. No resident shall be restrained for the purpose of punishment, discipline, convenience or retaliation by staff.
6. No restraint shall include chokeholds, headlocks, hog-tying or the use of pressure points to inflict pain.
7. The physical condition of a resident who is being restrained shall be monitored

- continuously by staff.
8. Staff shall immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint, and shall provide the resident with immediate medical assistance.
 9. The resident shall be released from restraint at the earliest possible time that he/she can commit to safety and no longer poses a threat to harm self or others.
 10. Following the release of a resident from a restraint, the program shall implement processing and follow-up procedures approved by the Department.
 11. In instances involving resident and/or staff injury, medical personnel shall be notified immediately. Any injured party, resident or staff, shall receive a medical examination.

D. Resident Restraint

1. The Shift Coordinator's Office shall be notified immediately or as soon as practical upon the use of restraint.
2. A restraint shall begin with a take-down. The take-down shall occur in the manner in which staff are trained during Departmental training relative to behavior management, crisis intervention and use of restraint.
 - a. If the resident complies he/she shall be released.
 - b. If the resident will not commit to safety and staff reasonably believe that the resident remains a physical danger to self or others, staff are authorized to use mechanical restraints.
3. Once the resident has been handcuffed, the resident shall be immediately rolled to his/her side and brought to a sitting position. While in this position an additional staff shall monitor the resident's breathing.
 - a. Staff shall make sure that the resident is not positioned or held in a manner which restricts breathing.
 - b. At this point the staff shall be behind the resident, preventing him/her from getting up by gently pushing down on his/her shoulder.
4. As soon as the resident is calm, he/she shall be permitted to stand up.
 - a. The resident shall be escorted to his/her room or to another safe area before being released from mechanical restraints unless he/she will not commit to safety and staff believe the resident remains a physical danger to self or others.
 - b. The resident shall remain in his/her room or safe area until staff believe that the resident is ready to return to general population unless the Administrator on Call, in accordance with the Discipline Policy, specifically authorizes otherwise.
 - c. The clinic should be notified and resident should be examined by a nurse as soon as practical.
5. If the resident is not calm and has not been released from mechanical restraints within twenty (20) minutes, procedures outlined under longer-term mechanical restraints (E below) are followed.

E. Longer-Term Mechanical Restraints

1. The Administrator on Call shall approve all uses of mechanical restraints

- exceeding twenty (20) minutes in length.
2. Mechanical restraints shall never be attached to fixed objects, including but not limited to poles, radiators or vehicles.
 3. Staff shall visually supervise a mechanically restrained resident at all times. Restrained residents shall **never** be left alone.
 4. Staff shall reassess the need for mechanical restraints every fifteen (15) minutes for the purpose of timely removal and shall document this assessment through the filing of an Unusual Incident Report.
 5. This requirement does not apply to restraints used during transportation. When transporting residents outside a facility, staff should follow the requirements of the Transportation Policy.

F. Prohibited Techniques

1. Personnel shall not use or permit the use of physical force that may cause excessive bodily injury, including:
 - a. Chokeholds or other holds that limit circulation or air flow
 - b. Sitting, kneeling or otherwise putting substantial body weight on a resident except in the process of the take-down itself
 - c. Excessive twisting of limbs
 - d. Hog-tying
 - e. Pressure points that inflict pain for submission
 - f. Striking or hitting a resident
 - g. Biting or scratching a resident
 - h. Any other similar non-approved forms of contact
2. Violations of this policy or the failure to report or stop violations of this policy shall result in disciplinary action up to and including termination.

G. Documentation and Reporting

1. Documentation
 - a. The use of physical and/or mechanical restraints shall be documented by the staff who applied the restraints in the Unit Log Book and on the Unusual Incident Report/Physical Restraint Report. The Unusual Incident Report/Physical Restraint Report is signed by the staff person who applied the restraint. Other involved staff have the option of making separate comments and attaching them to the Report. The Report shall include the following information:
 - i. Name of resident
 - ii. Name of staff who applied restraints
 - iii. Date and time restraints were applied
 - iv. Persons notified and persons approving restraint
 - v. Circumstances necessitating the restraint
 - vi. Location and confinement
 - vii. Supervising personnel
 - viii. Assistance of additional personnel
 - ix. Resident comments (staff notes on Report if resident comments are attached)

- x. Date and time restraints were removed
 - xi. Documentation of debriefing
 - xii. If applicable, the results of a medical examination
- b. Each resident who has been restrained shall be offered the opportunity to comment in writing on the restraint, as soon as possible and, at a maximum, within twenty-four (24) hours of its occurrence; such comment shall be attached to the **Unusual Incident Report/Physical Restraint Report**.
- 2. Reporting of Violations
 - a. Staff shall report any violations of Departmental policy relating to physical or mechanical restraint which staff personally witness. Reports shall be in writing and shall be submitted to the Shift Coordinator's Office before the end of the staff person's shift.
 - b. Administration shall commence an internal investigation as soon as possible, but no later than twenty-four (24) hours, if any use of physical force by staff is reasonably alleged to be excessive and/or abusive.
- H. Seclusion - The use of seclusion within the Rhode Island Training School shall be consistent with the terms of Appendix A (Discipline Policy) to the Federal Court Consent Decree, In Re Inmates of the Rhode Island Training School vs. Lindgren, CA.#4529.